

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

☐ Preapplication☒ Application☐ Changed/Corrected Application

\*2. Type of Application

☒ New☐ Continuation☐ Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)  
\_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

987654-321

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: XX Department of Natural Resources

\*b. Employer/Taxpayer Identification Number (EIN/TIN):

12-3456789

\*c. Organizational DUNS:

123456789

**d. Address:**\*Street 1: 2234 South Hobson Avenue

Street 2: \_\_\_\_\_

\*City: CharlestonCounty: Charleston County\*State: SC

Province: \_\_\_\_\_

\*Country: USA\*Zip / Postal Code 29405**e. Organizational Unit:**

Department Name:

Division of Beaches and Shores

Division Name:

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: \_\_\_\_\_

\*First Name: Jane

Middle Name: \_\_\_\_\_

\*Last Name: Doe

Suffix: \_\_\_\_\_

Title: Director

Organizational Affiliation:

\*Telephone Number: 843-740-1200

Fax Number: 843-740-1290

\*Email: jane.doe@noaa.gov

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**\*9. Type of Applicant 1: Select Applicant Type:**

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Department of Commerce, NOAA

**11. Catalog of Federal Domestic Assistance Number:**

11.473

CFDA Title:

Coastal Services Center

**\*12 Funding Opportunity Number:**

NOS-CSC-XXXXXXX

\*Title:

Broad Area Announcement (BAA)

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Charlesto, Charleston County, South Carolina

**\*15. Descriptive Title of Applicant's Project:**

Using GIS for Coastal Change Analysis

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**16. Congressional Districts Of:**

\*a. Applicant: SC-08

\*b. Program/Project: SC-08, GS-all, FL-all

**17. Proposed Project:**

\*a. Start Date: 4/1/07

\*b. End Date: 3/31/09

**18. Estimated Funding (\$):**

*a. Federal	750,030
*b. Applicant	0
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	750,030

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on \_\_\_\_\_
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E. O. 12372

**\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

**Authorized Representative:**

Prefix: \_\_\_\_\_ \*First Name: Jane

Middle Name: \_\_\_\_\_

\*Last Name: Doe

Suffix: \_\_\_\_\_

\*Title: Director

\*Telephone Number: 843-740-1200

Fax Number: 843-740-1290

\* Email: jane.doe@noaa.gov

\*Signature of Authorized Representative:

\*Date Signed:

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**\*Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.